

This is about the diet, only *minus* the beer, to which we vividly remember subjecting our reviewing self in college rowing days; and oh! the foul loaded tongue, the boils, the savage temper, and general upsetting of a previous high state of health and vigour! But happily we are gradually learning that the severe process necessary to gain the battle to the prize-fighter, does not wholly apply in the case of the rower. The first must train off all his fat to keep his flesh from puffing up under the brutal pounding to which it is exposed, but the other is of course under no such peculiar necessity.

The last section is on "Therapeutic Dietetics." This is thoroughly practical, and again marked by good, straightforward sense. We only wish the subject were dealt with in even greater detail. After a few general remarks Dr. Pavy takes up the "particular diatheses or states of the body which different kinds of food tend to induce," as affording a key to rational therapeutic dietetics. In this connection he discusses, among other things, the influence of diet on gout, corpulence, diabetes, organic kidney disease, and urinary abnormalities. He then passes to dietetic considerations based on the state of the digestive function, both as affected by general disease, as in case of fever, and by primary disorder of the alimentary canal itself. The book ends with a collection of recipes for "Dietetic Preparations for the Invalid," followed by a very full list of English Hospital Dietaries of all kinds.

We cannot close without saying again that this is a solidly good book, well worth careful reading by every medical man.

E. C.

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ART. XVI.—*A Manual of Psychological Medicine, containing the Lunacy Laws, the Nosology, Ætiology, Statistics, Description, Diagnosis, Pathology, and Treatment of Insanity, with an Appendix of Cases.* By JOHN CHARLES BUCKNILL, M.D. Lond., F.R.S., F.R.C.P., Lord Chancellor's Visitor of Lunatics; and by DANIEL HACK TUKE, M.D., Member of the Royal College of Physicians of London, etc. Third Edition. Revised, Illustrated, and much Enlarged. 8vo. pp. 824. London: J. & A. Churchill, 1874.

WE bid a hearty welcome to this new edition of a work which for many years was the only one of English origin of much practical value, and which is still indispensable to all who would extend their knowledge of an important disease beyond what is required by the routine practitioner. Somehow it has happened that insanity has been made the subject of fewer monographs in our language than any other disease of equal prominence. Before Prichard's work, we had absolutely nothing of any clinical value, and his was far from supplying the deficiency. Dr. Prichard was a well-trained medical scholar, of various learning, and of a philosophical habit of mind, and these traits of his mental character were abundantly impressed on this as well as his other works. But he was deficient in clinical experience. He had none of that knowledge of the disease that can be obtained only by mingling intimately with the insane, observing their ways, their habits, their manner of thinking and feeling, and the varying phases of the disease in one and the same subject. He

sometimes generalized on a small basis of particulars, with results, of course, not always sustained by a broader survey of the field before him. Still his work will always be prized by the medical scholar, as the production of a highly philosophical observer accustomed to think for himself, unbiassed by prejudice or narrowness of view. With Bucknill and Tuke's as an exhaustive treatise, and Blandford's as a bedside companion, and Maudsley's as a guide to the higher regions of psychological speculation, the student may be considered as well provided for study and practice.

The present work is greatly enlarged by the introduction of new matter, and much improved by the rearrangement of some of the chapters. During the dozen years that have elapsed since the last edition was published, if no new principles have been established, there has, at least, been an accumulation of new facts and inquiries that could not be ignored in any faithful representation of the subject. Consequently, the book has now swelled to formidable dimensions, appalling to the physician of our day, who is reminded, every hour, that art is long and life is short. Still we think it will be found none too large for the purpose of reference.

In the chapter on Insanity in general are noticed the views recently expressed on Classification, *Ætiology*, and Statistics. The various methods of classification that have been proposed—symptomatological, psychological, physiological, *ætiological*, pathological—are noticed more particularly, perhaps, than their relative importance deserves. However this may be, most readers much acquainted with insanity will be inclined, we apprehend, to endorse the saying of Griesinger, that all classifications must in the end return to the principal forms of insanity—mania, whether acute or chronic, melancholia, and dementia—"because they are really founded on nature." Classification consists in bringing things together which have some features in common, and the merit of any particular system will be determined by the number and importance of these features, for thereby is conveyed more or less knowledge of the things associated together. To classify diseases by the bond of a single trait or incident may impart no more substantial information concerning them than we derive from the Linnæan system respecting plants. The fact, for instance, that a case of insanity has a tubercular origin, is well for us to know, because it may influence our treatment; but we cannot see what is gained by bringing all such cases into a common group. In another chapter Dr. Tuke considers "the various forms of insanity from a somato-*ætiological* point of view," the only common incident determining their association being bodily condition. Thus we have traumatic, epileptic, senile, puerperal, pellagrous, rheumatic, climacteric insanities, and so on. He considers it important to view the various forms of mental disorder from several points, and thus justifies his course. If any particular form, while retaining its essential psychical characters, presents another also over and above these, due to the somatic condition, and which may have been the most efficient agency in producing the attack, there can be no question, certainly, as to the importance of considering it in this relation, because, as already intimated, this may determine the treatment. While giving such a character all the weight it justly deserves, the doctor has wisely abstained from making it a basis of classification. A classification of mental diseases, that can be of any practical value, must be founded, we apprehend, on characters tolerably obvious and comprehensive; and such, in the present state of our knowledge, are chiefly psychical. Ex-

altation, depression, incoherence, raving, stupor, are phenomena discernible at sight; but the condition of the liver or lungs, the presence or absence of tubercle or syphilitic taint, congestion of the ovaries, etc., are matters to be deliberately investigated, and cannot always, with all our searching, be divested of doubt, so that, in fact, the patient may die before the physician has ascertained how to classify his disorder. The strongest plea in favour of a somatico-ætiological classification—that to know the cause is the first step towards learning the remedy—is more plausible than sound. Indeed, we are surprised that any one with much clinical experience can seriously urge it, for who has found those cases most readily yielding to treatment whose somatic conditions were most clearly understood? Then there is the other fact, utterly irreconcilable with such classifications, that half the time, at least, the exciting cause, or whatever name we choose to give to the agency most effective in producing the attack, is, to all appearance, exclusively psychical.

In discussing the causes of insanity, Dr. Tuke admits the paramount potency of hereditary transmission, as it has been generally understood. He also speaks approvingly of the doctrine, first strongly set forth by Lucas, and ably exemplified and enforced by Morel and Moreau, that the disease is often derived not merely from fully developed insanity in the progenitor, but from any abnormal condition of the cerebral organ. If we have any fault to find with this chapter, it is that the author does not give to this remarkable trait the prominence to which its importance justly entitles it. The proportion of cases attributable to overt disease in the progenitor varies, as stated by different observers, from thirty to seventy per cent. If we also claim an hereditary origin for those cases where the ancestral trouble was some other neurosis, such as epilepsy, hysteria, chorea, persistent headaches, or only some manifest mental irregularity, there will be few left in which the disease may be fairly supposed to have sprung up entirely independent of ancestral influences. In studying the ætiology of insanity, we are bound to make far greater account of the congenital organic defect than of those incidents which pass under the name of *exciting causes*, and which, being, as they are, chiefly accidental in their nature, have comparatively little scientific interest. It is well enough to know the last adverse incident which provoked an outbreak of insanity, because it may lead to some useful suggestions on the future conduct of the patient; but we shall have entered on a more fruitful field of inquiry when we study those conditions of the brain which prepare it for such attacks. There we shall learn something of the action of the ordinary physiological laws in vitiating the quality of the cerebral tissue, by which it is prepared for the operation of those abnormal activities which lead to overt disease. Study in this direction has already solved some dark problems in the production of insanity. It has demonstrated the presence of analogies not before suspected, and in place of puerile conjecture, given us an intelligent and rational philosophy. It has opened the only effectual way of preventing mental disease, however little heed may be given to it in actual practice. We learn from it something not learned before of the true relations between insanity, nervous deterioration, and crime, and look with a livelier hope for the success of future inquiries. We would not be misunderstood as making light of exciting causes as sources of disease, or a subject of investigation. We only object to the undue stress which is laid upon them, inasmuch as they are a matter of conjecture at the best, and are received and recorded

on the authority, for the most part, of the friends of patients, who catch only at casual incidents, and whose philosophy is solely of the *post hoc propter hoc* kind. With such materials, and such a way of considering them, it is not strange that the widest difference of opinion should exist respecting the effect of this, that, and the other, incident, in producing insanity, the comparative agency of physical and moral causes, and various other questions mooted in this connection. To ascertain among all the events and incidents of a man's experience, the particular thing which made him insane, requires a knowledge of his inner life that can be possessed only by an intimate friend, and not often by him, and a kind of philosophical sagacity not often witnessed in any. And yet with the knowledge of this subject as now obtained, elaborate tables are constructed with a show of great statistical accuracy, and discussions are based upon them as if they were the veritable foundation of a scientific opinion.

Dr. Tuke begins the chapter on *The Various Forms of Insanity*, by accepting the time-honoured division of the mental faculties into the intellectual, and moral or affective, and also fully recognizing the fact that mental disease may be confined exclusively to one or the other of these two orders. Accordingly he describes *erotomania*, *pyromania*, *kleptomania*, *homicidal mania*, etc., as distinct forms of disease, while remarking that cases have been sometimes referred to them improperly. All this will scarcely please those sapient observers who insist upon intellectual derangement as a constant element in all insanity, whether visible or not. It is to be regretted on account of its medico-legal relations that this scepticism should still exist, but we must console ourselves with such support as can be gathered from Pinel, Esquirol, Georget, Marc, Morel, Moreau, and others of scarcely less authority.

This part of the work is accompanied by cuts of sphygmographic tracings of the pulse, and illustrated by fac-similes of patients' writing. The former are acceptable as a record of what has been done in this way, though it may prove of little clinical use. The latter are highly instructive, and it is surprising that this source of information should have been so long neglected. More than any other it enables the observer to penetrate into the inmost recesses of the disordered mind, and discover mental movements undiscernible under the restraints of conversation. In letters to friends or others, in narratives of his performances or designs, in literary effusions in prose or verse, the person, so correct and sensible in his discourse, may betray his mental obliquity in the shape of delusion or folly, or that peculiar and indescribable succession of thought and turn of expression which is so characteristic of insanity. To the expert long familiar with the writings of the insane, the internal evidence thus furnished is not less forcible than the wildest discourse or the strangest conduct. In suspected simulation, the person's writings become an invaluable test, for while he may succeed in imitating tolerably well the aberrations of insanity in his discourse, he will inevitably fail when pursuing on paper a continuous succession of thoughts. Writers on the jurisprudence of insanity always advise the expert to examine the writings of people whose mental condition is in doubt, but, without a careful and considerable study of actual examples, the clew will hardly be obtained. Some persons, probably, by reason of mental inaptitude, would never succeed in catching the characteristic trait, and would continue to mistake the rambling of the disjointed mind for the artful device of the simulator. We are glad, therefore, that Dr. Tuke, following the

example of Tardieu, in his late work, has furnished to some extent the means of studying this manifestation of disease, though, in this limited way, its use will be chiefly to stimulate the inquirer to extend his studies in this direction. Indeed, we doubt if any contribution to the literature of insanity would be more highly prized by those who are capable of appreciating it at all, than a collection of the writings of the insane, judiciously selected, and arranged with reference to the respective forms of the disease by which they were prompted.

The chapter on *Diagnosis*, by Dr. Bucknill, the fruit of a large experience and of a nice discernment, not only exhibits very satisfactorily the present state of our knowledge, but abounds in original suggestions which, carefully pondered, will greatly aid the general practitioner. It will aid him in performing a professional duty more responsible and embarrassing than any other connected with the insane. Not that there is much danger of his mistaking insanity for some other disease, or *vice versa*, but that it becomes his business to prove its existence to the satisfaction, not only of his professional brethren, but also of courts, juries, and the newspaper press, who may make it *their* business to sit in judgment on his opinion, and punish him not only for an honest mistake, but even for a sound and just conclusion. He is obliged to reach his results, not alone, as in the case of other diseases, by means of those indefinable impressions derived from clinical observation and a true scientific insight, but rather by steps so sure, so plain, so significant, as to be appreciable to the meanest understanding. He is on that border-land between the law and the true science of insanity, abounding with snares and pitfalls, where the most honest and intelligent endeavour will not always ensure his safety. In determining upon his diagnosis, he is less anxious to be strictly correct, than he is to be able to maintain his position against the subtle assaults of those whose interest lies in proving him to be mistaken. And it has come to this, that many a physician, while clearly recognizing the insanity of his patient, and treating it as such, declines to sign a certificate, simply because the case may lack those very demonstrative indications which are associated with the popular idea of insanity. And the tendency of legislation and judicial decision is to render this duty more and more hazardous, for, under the influence of novel writers and newspapers, it would seem as if half the community had come to believe that doctors, hospital managers, and unprincipled relations, are ever ready to conspire to deprive a sane man of his liberty and property under the false pretence of insanity. In this country, the law requires in the certificate nothing more than the opinion that the person is insane and a fit subject for hospital treatment. In England, the physician must also give the grounds of his opinion; that is, the particular traits or incidents indicative of insanity, distinguishing those learned from others from such as were observed by himself; and the understanding is that the latter is entitled to far more weight than the other. Pathologically regarded, this, certainly, is not a legitimate inference. In the investigation of any case of disease, the physician is bound to use every possible source of information, and the circumstances alone must determine their relative value. In the case of children we depend mostly on the accounts of others, and in the case of adults it is not always safe to rely solely on the statements of the patient. Especially is this so in nervous diseases; and in other affections, we know by daily experience how the statements of the patient are warped by his hopes and fears. In mental diseases there are peculiar reasons for resort-

ing to the observation of others. Even when communicative, patients may labour under a derangement of perception and a confusion of thought, which render their statements quite unreliable. - On the other hand, governed by a feeling of suspicion or distrust, they may utterly refuse to converse; or the stress of disease, as in acute dementia, may render them completely dumb. They may entertain gross delusions, and yet be shy of communicating them to strangers; or they may have learned that these are regarded as proofs of insanity, and therefore steadily avoid speaking of them. Sometimes a sudden, momentary fancy or caprice may prompt them to be silent. For the purpose of giving a certificate, we visited a patient lately who, after replying to one or two questions on common topics, declared he should not utter another word, and so he remained dumb. And yet he was stark naked in his room, and for several months had been unequivocally insane, his last performance, only a few minutes before, being to throw his feces in his physician's face. The humblest servant in an asylum knows that many a patient shows his infirmity in his conduct, and seldom, if at all, in his conversation, for the latter may be correct and even shrewd, while the former may abound in folly and be completely at variance with his normal conduct. Indeed one may spend weeks in the wards of a hospital, and in many of the patients still be unable to see insanity in their discourse or deportment. It is time the public were disabused of the idea that insanity may always be detected by going into the patient's room, sitting down by his side, and putting to him a string of questions. That it should be necessary to make a formal protest against such an idea, is a significant comment on the intelligence of the times. We hold, therefore, that the physician is bound, by a proper sense of professional duty, to assert and maintain his right to avail himself, in a case of insanity, of the same sources of information that he would use in any other disease.

This is but one of the many unreasonable notions and practices attributable to that confusion of medical and legal principles so characteristic of the rules of law on questions of insanity. On the supposition that experts possess knowledge in their respective pursuits not shared by others, they are allowed to enlighten the court and jury with their opinions on some matters that involve the merits of the case. It is the acknowledged ignorance of the jury that gives rise to this peculiar kind of evidence; and yet with an inconsistency that fails to excite our surprise only because it is so common, the expert is required to give the grounds of his opinion, or the processes by which he has arrived at it, in order that the jury may judge of its correctness. And thus we have the spectacle, ludicrous were not the consequences often most lamentable, of a dozen men destitute of all scientific knowledge, some of them, perhaps, unable to read or write, sitting in judgment on opinions derived, it may be, from a life-long study of insanity, or chemistry, or surgery. And so in England, the physician who gives a certificate of insanity, must state his reasons for thinking the person insane, in order that all whom it may or may not concern, may judge for themselves whether he is right or wrong. And as if this were not enough to furnish the protection needed, the law prescribes a certain form of certificate; and with a slavish subservience to the letter of the law, which in this case almost literally killeth, it insists upon a conformity to the letter as strict as if it were an indictment for a criminal offence. The physician, we may suppose, after careful inquiry, concludes that the person is clearly insane, certifies accordingly,

and flatters himself that he has accomplished a very satisfactory piece of professional work. Nevertheless, it turns out that he has laboured in vain and spent his strength for nought. The form of the certificate being covered all over with red tape, he has got entangled in its meshes. It seems that the party whose insanity is certified, rejoices in the baptismal names of Matilda Anne, and in one place he has written the latter without the final letter; or, though he has named the street in which she resides, he has neglected to give the number of the house, consequently her detention in an asylum on the strength of his certificate is illegal, and the work must be done over again. We here have been guilty of no such folly as this, but we are not sure that on the whole we have any advantage over our English brethren. Having strictly complied with the law—crossed every *t* and dotted every *i*—they are safe, but our courts are fond of making law for themselves, and the conclusions of the physician may be sacrificed to the whims and prejudices of the judge. We wish that in a work of an authoritative character like this, the supremacy of the medical opinion over all legal technicalities had been unflinchingly maintained. Unless the profession itself asserts on every proper occasion its inalienable rights, we may be quite sure they will never be recognized by others.

While we are obliged to withhold our assent to some of the views expressed in this chapter, we willingly commend it as, on the whole, an excellent exposition of the various subjects of which it treats. The account of the various forms of insanity, though somewhat supplementary to that of Dr. Tuke, will not be regarded by the reader as unnecessary, but will be welcomed and appreciated. For such help as the practitioner can derive from books in detecting insanity when concealed, exposing simulation when practised, and arriving at a correct conclusion in cases of questionable impairment, he can avail himself of no better source of instruction. On the subject of simulation we wish more stress had been laid on what, for lack of a better name, we may call the physiognomy of insanity, meaning thereby the look, the mien, the bearing, the turn of expression, the succession of thought, the blending of the real and the unreal, of the subjective and the objective, and the *abandon* which marks the utterance of extravagance and folly. Impossible as it is to render such traits cognizable to others by any art of description, who that has been long familiar with the insane has not often found in them, in the absence of other evidence, unmistakable proof of mental disease? They cannot be imitated, even by the most ingenious mimic, and indeed the attempt is never made. This internal evidence, as we may justly consider it, may not be available to the ordinary practitioner, but to the expert its value can be scarcely overestimated, and therefore we regret that it is not clearly recognized in a work of this description. The courts may not treat it with much respect, but that furnishes an additional reason why we should persist in claiming for it all the authority it deserves.

Dr. Bucknill devotes several pages to what is called the insane diathesis, or insane temperament, or insane neurosis, by which various names recent writers have designated that inherited quality of the brain which constitutes, in most cases, the first step in the evolution of that morbid condition which we call insanity. It is justly entitled to all the attention he gives it; and much more, indeed, would not have been misplaced, for we believe that no other subject connected with insanity has provoked inquiries and led to consequences of equal importance, during the last thirty

or forty years. The hereditary character of insanity, to some extent, has been always recognized, but until quite recently nobody troubled himself to inquire what became of the morbid element before its presence in the offspring was revealed by demonstrative symptoms. Whether it always remains in the system utterly innocuous, or frequently imparts a peculiar character to the mental manifestations, were questions never asked until a very recent period. Of course its presence is implied in the fact of hereditary transmission, and it is consistent with all the analogies of diseased action that it should affect the character and conduct of the individual, sometimes more, sometimes less, according to its organic conditions, and according as circumstances of life may serve to develop its activity. To ignore it entirely would be no more a mark of wisdom than it would be to ignore any other abnormal condition; and in many instances, certainly, it would be like acting the play with the part of Hamlet left out. In diagnosis, prognosis, and treatment, it must always present a consideration of the highest importance, furnishing a clew to many a mystery in the patient's conduct, and determining his special management and pursuits. Its influence on the character, its relations to unequivocal disease, its rise and progress, are matters which promise a rich reward to the careful inquirer, for they are as yet far from being well understood.

The chapter on the *Pathology of Insanity* by Dr. Bucknill, with some additions on *Histology*, by Dr. J. Batty Tuke, presents a very full and fair record of the labours of pathologists during the last ten or fifteen years, on the organic conditions of the brain. It is necessary to the completeness of a manual like this, and the task has been thoroughly and discriminately performed. The record shows that, during the period in question, cerebral pathology has been the subject of much minute and comprehensive investigation, of many new facts, and of much ingenious speculation. How much of all this is destined to take its place among the assured and permanent results, remains to be seen. We know that inquirers in the same paths have not all arrived at the same conclusions, that the revelations of the microscope have been differently interpreted by different observers, and that the speculations have often been more subtle than wise. But with all our misgivings as to the present or prospective worth of what has been done so far, it can scarcely be denied that some sure, substantial advance has been made beyond the ideas of Pinel, who was strongly disposed to doubt whether insanity was any disease of the brain at all. We know better the significance of the lesions found after death in the brains of the insane, and nobody doubts, we imagine, that the essential, indispensable change takes place prior to all these, which have only an incidental connection with it. At the very least, if we have actually found nothing, we burn, as the children say.

It would be hardly worth our while to examine the newest theories respecting the proximate cause of insanity, and discuss the current question whether it is to be found in defective condition of the nerve cell, or of the vessels by which it is nourished, because neither explanation seems to account for all the facts in the case. The favourite theory just now that insanity is caused by defective nutrition of the nerve cell, plausible as it may seem on a limited view of the matter, fails as a rule of general application. Any theory ought to explain the phenomena of sleep, and yet it is commonly supposed that, in this state, cerebral nutrition is going on with the greatest activity. The phenomena of drunkenness,

too, must be attributable to some organic movement very like that in which mania originates, but who is prepared to say that the former springs from defective nutrition of the brain? It must be admitted that the theories respecting the primary organic condition, now most in vogue, have in them a strong element of speculation, and that until they have a larger basis of well-demonstrated facts, they must be regarded with considerable distrust. Not that we would discourage such inquiries, or repress the freest speculation, because, however uncertain may be their results thus far, yet if we ever arrive at the truth, it must be by their means.

Dr. Batty Tuke is peculiarly well qualified for his contribution to the work, and he has well prepared it. His microscopic examinations have been very numerous, and they will prove a valuable aid to the student in prosecuting his studies in this direction. Some of the microscopic appearances are represented by coloured engravings. All this, of course, is new matter, for the achievements of the microscope in cerebral histology have been made within the last fifteen years or less. Unquestionably, they indicate the field on which all future discovery must be made. The scalpel has had its day, and though its work has been indispensable in the search for a correct pathology, and therefore never to be entirely abandoned, yet the solution of the problem so long and so anxiously sought, must be achieved, if ever, by the microscope. But the acknowledged difficulty of making the examination and the liability to mistake forbid us to expect this event very soon. A period of imperfection, discrepancy, and conflict must precede that of uniformity and harmony, and many a fine theory will have to go under before we arrive at unquestionable results.

To the practising physician the chapter on *Treatment* will be of more interest than any other, for the simple reason that to cure the disease or to mitigate its evils, is more desirable than to know exactly what caused it, or what the ancients thought about it. If he expects to find, as one of the results of recent inquiry, that insanity is more amenable to medication than it was when the last edition of this work was published, we fear he will be disappointed. He will find that we are still without a specific, and that the lack of uniformity of treatment is as great and embarrassing as ever. He will find that modes of treatment supposed to exert some specific action on the disease are no longer proposed, and that medication is guided by the light of an accidental experience, and of indications derived from other organs than the brain. When the various ailments that usually accompany an attack of acute mania have disappeared; when the patient has become calm, the appetite good, the secretions healthy, and sleep not very deficient; with what drug is the physician to combat the only, but the essential, ailment that remains? Nobody pretends to answer this question, though we hear much about insanity being a lesion or change of organic structure, and therefore to be treated by drugs like other diseases. Still, it must be admitted that our medication is better than it once was. If we have found no specific for insanity, we have much less of that mischievous or senseless practice which has been common enough even in our own day. If we have seen the folly of bloodletting, purgation, and submersion, we have a right to rejoice in opium, chloral, and the bromides. These last named articles, as well as many others of less importance, are very satisfactorily discussed, and we have only words of commendation for the remarks on asylums, diet, jour-

neys, and moral treatment generally, with a single exception. On the subject of mechanical restraint, American physicians having charge of the insane, differ from their English brethren, *toto cælo*. The latter, for the most part, believe that it is wholly mischievous, directly and indirectly; that it aggravates the evil it is intended to relieve; and that any good it is supposed to effect can be better obtained by the hands or eyes of attendants, or by seclusion. On the other hand, we here believe that it accomplishes the desired purpose more effectively than any other means; that the constant presence and interference of attendants, excite irritation and provoke resistance; and that they often fail to secure the intended object. We do not propose to consider this question now. It has been thoroughly discussed already, and if what has been said has failed to produce conviction on one side or the other, no repetition of it will be likely to succeed. The right, no doubt, will finally prevail. Murmurs of distrust, slight shows of resistance, now occasionally witnessed, will be followed at no distant period, probably, by free and vigorous opposition to the system of the total disuse of restraint. We will only take the opportunity to bear our testimony against the spirit of intolerance which has characterized the discussion of this question, on the part of the officers of English asylums, and remind them that it is one on which an honest difference of opinion may exist, as much entitled to respectful treatment as any other diversity of practice or precept. We would not have it supposed, that the last remark has been suggested by any manifestations of this objectionable spirit in the present work, for it is quite free from them.

Our limits oblige us to pass by several points we would like to speak of, but our purpose will have been answered if we induce the reader to make himself acquainted, by a careful perusal, with this sound, thorough, judicious work.

I. R.